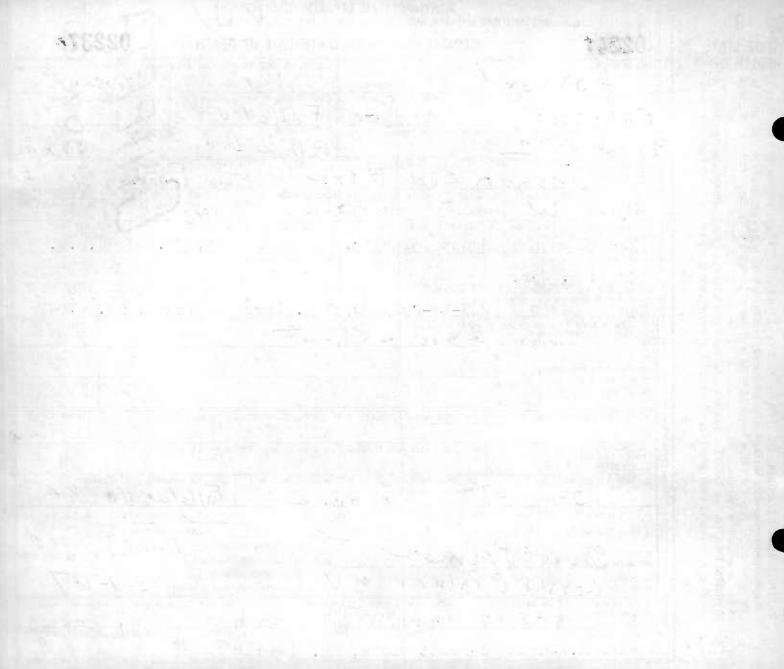
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TTENDI etained :TOR: A should th the		21. I certify that (I) (this hospital) attended the deceased from 1-31, 1967, to 2-17, 1967, that (I) (we) last saw the deceased alive on 2-17, and that death occurred at 4.46M, from the causes and on the date stated above
A OR A A A By be replaced by the control of the con		22a. SIGNATURE M.O. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED 22b. DATE SIGNED 22c. DATE SIGNED
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Par TO F dire	-	Burial, Cremation, 23b. Oate Thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Semoval (Specify) Fel. 21.1967 Offord Offord Offord, Clestor Co ADDRESS ADDRESS ADDRESS ADDRESS REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE delay is ond 3 ta PM3. Page MARYLAND ate Department CITY OR TOWN (If outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 17 vears HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8. Give Pages 1, alang with farm hours YES NO bours after death. NAME OF 4. DATE First S DECEASED (Type or print) within DEATH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS lost birthdoy) Months Dovs WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Boiler fireman dustrial Bldg. COUNTRY? Glade Spring, Va. any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM be executed within = Grant E. Barr Pearl Brewer File and AddressBox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ar remaval. (Yes, no, or unknown) (If yes give wor or dotes of service) Fallston. Md. 5-18-8313 Opal M. Barr es 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded to the C crematian, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IR agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described obove, held an Autapsy [Inspection Je Inquiry & and in my opinion death resulted from: Suicide K Homicide | Natural causes Accident Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE : 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Brethren Long Green 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66 DATE FEB Charles E. Kurtz Jarrettsville, Md.



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4: 201	02243 CERTIFICATE OF DEATH	12230
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	18. CAUSE DF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY OF THE CAUSE (b) PROPERTY OF THE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
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VR A15 (4) 15M 4-64	Farring Funeral Home Aberdeen, Md. DATE FEB 14 1967 John	arles Judge

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3. NAME OF First Middle DECEASED	D Loss 4. DATE OF	Month Day	Yeer
(Type or print) MATTIE BROOKS	RAWFORD DEATH	FEB. 13, 1967	1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9.	AGE In yeers IF UNDER 1 YEAR I	F UNDER 24 HR
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HOUSE WIFE HOME	PA	4.5,	A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
THOMAS NODEN BROOKS	SALLIE WEBR	IRE	
(Yes, no, or unkown) (Ifves give we ror detes of service)	FORMANT	Address 618 FRNKL	1N, 51
	POOKS (RAWFORD, 1	YAVRE DEGRACE	E MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)	5 00 11		RVAL BETWEEN ET AND DEATH
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Hour e.m. p.m. 19 While Not While at work fector at work 21. certify that (I) (this hospital) attended the deceased from	Nay 2 1 1956, 10F	58. 13., 1967, the	at (1) (we)
21. I certify that (I) (this hospital) altended the deceased from	Ma.Y. 2 1956, to fileath occurred at		
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21. I certify that (I) (this hospital) attended the deceased from	ATTENDING MED. PHYS. DIRECTOR		stated abo
21. I certify that (i) (this hospital) attended the deceased from	eath occurred at	the causes and on the date	stated above
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MADVIAND
	02246 CERTIFICATE OF DEATH	02242
1.	PLACE OF DEATH a. COUNTY A. COUNTY A. COUNTY A. COUNTY A. COUNTY B. COUNTY B	tion: Rasidance before edmission
	b. CITY OF TOWN (if outside corporate limits, write RUR, white RUR	AL end give pearast town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Hand	IS RESIDENCE ON A FARM? YES \(\bar{\}\) NO \(\bar{\}\)
3.	NAME OF DECEASED (Type or print)	Day Yaar 25. 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UN heat birthday) Mon 1 yis birthday) WIDOWED DIVORCED DIVORCED 7	NDER 1 YEAR IF UNDER 24 HRS.
d		2. CITIZEN OF WHAT COUNTRY
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT as, no, or unkown) (Ifyes give war or dalas of service) Unknown Helin Wheator Brashm	Lane Md.
	18. CRUSE OF DEATH Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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	saw the deceased alive on 210 19.67, and that death occurred at 3PM, from the causes and	
	22e. SIGNATURE M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	22b. DATE 2(25/67
23	REMOVAL (Specify) 3/1/67 North Cedan Hill Chiladely	Thea Ja,
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LANGUE 250. REC'D BY REGISTRAR 25b. REGISTRA 25b.	AR'S SIGNATURE PURCHES JUDGE
		N. J. F.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the fundamental Pages 1 urs after 1 Harford Maryland Harford MARY! AND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours write RURAL and give nearest town) Fallston Fallston RD 6 mo. Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled A. IS RESIDENCE d. STREET ADDRESS 24 Box 2 Route Box 2 Route YES NO X within etely carbon NAME OF First DATE Month Day Middle 4. DECEASED e 0 (Type or print) DEATH mond 5. SEX 6. COLOR OR MACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Jast birthday) Months | Days WIDOWED [1] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY carpenter Carroll County U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = remova Alfred Edmondson Josephine Brothers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no. or unkown) (If yes give war or dates of service) 220-09-5840 transit perm cremation, Mrs. William Ball same the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a). been signed I the burial-trai or to burial, cra DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of 0 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) a Hour a.m. Not While After be Stat p.m. at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 9M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22a. SIGNATURE page ATTENDING M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify) Westminster Cemetery Maryland Westminster, 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02249 CERTIFICATE OF DEATH the funeral ages. I ond 2 rsafter deoth. The low requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If auts/de carparate limits, write RURAL and give negrest tawn) /write RURAL and give pearest town) .⊑ d. STREET ADDRESS hin 72 YES NO THE NAME OF DATE Year remoye carbon DECEASED OF DEATH mmoR event, (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7 MARRIED plast birthday) Feb.17,1893 WIDOWED TY DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bindery Worker U.S.Govt - Ret. Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Charles A. Hoffman Catherine Pailka 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknawn) (If yes give war ar dates of service) 220-20-7039 George T. Moyer, Perryman, Maryland buriol, cremation, 18. CAUSE OF DEATH (Enter only one cause per line far, (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) Haur o.m. foctory, street, affice bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram____ 2-10, 1961, ta 2-26, 1967 that (1) (we) last saw the deceased alive an Feb. 26 19 67, and that death accurred at 4:55 M, from causes and on the date stated above 22a. SIGNATURE 22b. DATE/SIGNED STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS O FUNERAL NAME (Type) Haure de Groce 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Harford Trinity Lutheran Cemetery Joppa 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

Howa rd K. McComas & Son, Abingdon, Md. 2100 SATE

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DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a. COUNTY b. COUNTY a. STATE after and completely filled in by the 1 remove carbon papers. Pages 1 any event, within 72 hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 406 Wyn YES NOX Mar executed within 3. NAME OF DATE Middle Month Oav /Last DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIEO NEVER MARRIED 20 WIDOWEO July OLVORCEO Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) INOUSTRY Training Aids U.S.A. Super VISOI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) Wife---Same D Yes WW-II 88 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (4), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OR ATTENDING PHYSICIAN:** The law requires that tl be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) to immediate DUE TO (a). stating underlying cause last. (c) CERTIFICATION PART II. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OBATH (IF EITHER, NOTHER MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 196 saw the deceased afive on_ DATE SIGNED 22a. SIGNATURE 22b. ATTENOING PHYS. STAFF PHYS. Page 4 may b M.D. DIRECTOR 22c. PHYSICTAN'S 22d. ADORESS NAME (Type) (State) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cresthaven Cemetery Indiana dford 67 Feb. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR 25b. **EUNERAL_OIRECTOR** VR A15 (4) Aberdeen. Md. OATE 15M 4-64

B93 1251 THY RE-LIE GRUCE LA hRS OBEN CHECON thing Exit Micmigrate this peral . OUT - TIE LE ST. - COL DERIKAM. Kokke Male White A 3 D Transport Marie In Color Ohron William the ndercks Jela- Emger breef 56 H. THE DESCRIPTION OF THE PARTY OF Cate lande on the polardial water Grand of the semples of Colonies & while Brownish attamasellar C. Lea M. D. Haure the Grace , and Creating of the New York Creating Constant When Consent Tallynus With Maleuler Dr. Lierians

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at the ian. d by th rransit cremat		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND OBATH
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	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (Coun	(State)
OR ATTENDING be retained by IRECTOR: Affee ge 3 should be sed with the Stat		saw the deceased alive on 2-11-67 19 and that death occurred at 7:35M, From the causes and on the	_, that (I) (we) last e date stated above. TE SIGNED
			12-67
O HOSPITAL Page 4 may O FUNERAL D director, pag should be file		NAME (Type) B.J. Plunkett Jr. M.D. W. Bel Air Ave. Aberdeen	
To Parish	23a	Burial 14 Feb. 67 Spesutia Cemetery PerrymanHarfor	rdMd.
VR A15 (4) 15M 4-64	4	Funeral director Tarring Funeral Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE FEB 1 5 1967 Guard	SIGNATURE SURGE

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2 1 (NI	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02249
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY A. COUNTY A. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY CC 1
cessary, e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Depail	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours	3. NAME OF PIrst 2 Middle Last 14. DATE Month Day Year
my of M3. All M3. The	(Type or print) Chistina Graham Hutton DEATH Ebrusiey 7 1967
ith. If ar form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED
with with and event	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if ratirad) 10b. KIND DF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN DF WHAT COUNTRY
- 1000 Pm	HOUSEWIZE OWN HOME SCOT LAND U.S.M.
ge es	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Adjass h
within 2 pencil in miner's C permit. removal,	(Yes, no, or uphown) (If yes give war or dates of service) 222-30-9303 Mrs Helen Dodds Rising Jun 11/6.
ted wi in per ixamin ixamin sit per or ren	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A 7 te 7 05 cle 7 of c V D 5 c 5 c
execui ding" ical E I-trans	1921 DUE TO
uld be executed "pending" in st Medical Exam a burial-transit cremation, or second	gave rise to immediate (cause (a), stating the DUE TO
ate shoul ne word the Chief sed as a burial,	Underlying causa last.) (c)
ificate to the to be used to be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO YES NO YES NO YES OND ONLY CAUSE OF DEATH.
writing rided auld bo	
EXAMINER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in Modical Examiner's Offices. R: Page 3 should be used as a burial-transit permit. Fill signated agent, prior to burial, cremation, or removal, a	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED Hour a.m. While at work at w
EXAMINE "e certific 4 should be ir files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
e 5 = 5 e	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner L
	ACTUAL SIGNATURE
	EXAMINER'S NAME (Typa) (2 - 8 () Address (Streat, city, town, or county)
TO DEPUT please edirector. retained TO FUNER of Health	RIEMOVAL (Specify) 2-11-1967 Lovier Brandy wrine Mendenhall PA,
VR AISME (5)	29 FUNERAL DIRECTOR THE MILLER PAPERSS IN 9 SUN DATE FFB 14 1967 Charles Judge
5M 1/65	TUSON 74NOVAL Nome

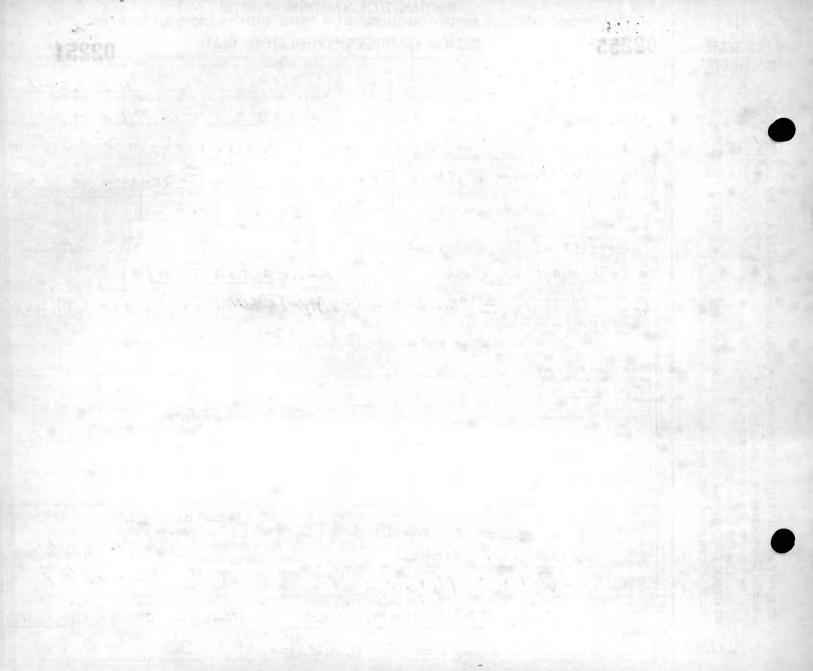
6 LOA KURKE ChistiNA Graham Hutton × Pug 10 1879 87 Housewife can Home Secthand This A. DAVID CALDEWELL Helen Brown 222-20-923MisHelen Dodds Rising Sun Mid. Byzeitt 2-11-1967 hower Brandywine Mendenhall

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02254 CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY by the final Pages 1 urs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours davs ACE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS YES NO X Ridge Road Rock executed within 3. NAME OF DECEASED DATE Middle Month Day First Last -(Type or print) DEATH 19 VSO AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 9. 7. MARRIED NEVER MARRIED WIDOWED N DIVORCED [869 98 physician a en please re val, and in a 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Norrisville. Maryland U.S.A. Laborer labor has been signed by the attending phy as the burial-transit permit. Then pl prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME NSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Rocks, Miss Gladys Rice Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH 14 days ? PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Azotemia DUE TO (b) Chr. Cardiovascular - renal disease 28 Conditions, if any, which vears gave rise to immediate DUE TO cause (a), stating Generalized arteriosclerosis underlying cause last. O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio CERTIFICATION 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING be retained by at work 21. I certify that (I) (this hospital) attended the deceased from _1967, and that death occurred at 75 M, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) Willard P. Hudson, M.D. 2323 Rock Spring Road, Forest Hill, Md DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) Zion A.M.E. Park Fawn New REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Jarrettsville, Md. VR A15 (4) Charles E. Kurtz 15M 4-64 21084

Jan 7 31 - 7 3 19 19 Horsel Hemsiet Hisper D. C. Committee EMERY WEBSTER Johnson Workson 23 6 Tishun Johnson Elita Buchanan . . The state of the s A STATE OF THE SECOND CO. I. S. A. S

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o COUNTY o. STATE b. COUNTY af MARYLAND partment c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give negrest town) e. IS RESIDENCE d. STREET ADDRESS OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hours ON A FARM? olong with form NO X State [YES 8. Give Poges NAME OF DATE Dov Year DECEASED OF DEATH 51-471-4 within (Type or print) AGE (In years with S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH Last birthdoy) Months Dovs Hours DIVORCED 12. CITIZEN OF WHAT KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done HARFOR OMETAL PRODUC COUNTRY 2 dnv andor MOTHER'S MAIDEN NAME 13. FATHER'S NAME AURA ANN GRALLE should be executed with File and INFORMANT 16 SOCIAL SECURITY NO or removal. INTERVAL RETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). writing the word cremotion, DHE TO Conditions, if ony, which gove rise to immediate couse (a). DHE TO certificote stoting the underlying couse 0 buriol, c lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO ogent, prior ta pe 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection | Inquiry 🔽 ond in my opinion Por the funerol director. deoth resulted from: Accident Undetermined manner Noturol couses & Suicide Homicide be retoined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Address (Street, city, town, or county) Heolth 23d. LOCATION (City or Tewn) (County) (Stote) 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE	OF DEATH		12252 -
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MARYLAND	a. STATE Marvl		Harford V
c. LENGTH OF STAY IN 16			RAL end give nearest town)
3 Dave	Aberdeen Pro	ving Ground	10-1
	d. STREET ADDRESS	ATTE Ground	e. IS RESIDENCE
	agali ahanda	Well Boad	YES NO
Middla			Day Yeer
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		rapru	ary 27 1967
	. DATE OF BIRTH		onths Days Hours Min.
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Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTE
	Fairfax, Vir	ginia	USA
	14. MOTHER'S MAIDEN NA	WE	
	TA CAMERA. Je	anette	
16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addrass	
N/A	Father	/ Come a	a showe)
per lina for (a), (b), end (c).]	ramer	/ Dorne or	I INTERVAL BETWEEN
aningitie Bester	ial		ONSET AND DEATH
entuators, paccet	101		O+ Hours
CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPS PERFORMED?
ase and Viremia			YES NO
	D. (Entar nature of injury in Pa	rt I or Part II of itam 18.)	
	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stata)
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Whila Not Whila fact	ory, streat, offica bldg., atc.)		
Whila Not Whila fact at work at work the deceased from	ory, streat, office bldg., atc.)	ox., to 27 Feb	, 16.7, that 300 (we) I
Whila Not Whila fact	ory, streat, office bldg., atc.)	ox., to 27 Feb	, 15.7, that 200 (we) I on the date stated abov
Whila Not Whila fact at work at work the deceased from	24 Feb 67, 30 death occurred a 700s	X., to 27 Feb WM, from the causes and	, 16.7, that 20 (we) I on the date stated abov
Whila Not Whila fact at work All Not While at work at work 19.57, and that	24 Feb 67 and death occurred a Phys. ATTENDING MED DIRE	CX., to 27 Feb WM, from the causes and	, 16.7, that 300 (we) I
whila Not Whila fact at work All Not While All Not Whi	24 Feb 67 and death occurred a DOC DIRE 22d. ADDRESS	CTOR PHYS.	, 167, that 20 (we) I on the date stated abov 22b. DATE SIGN 27 Feb 67
while Not While fact at work Not While st work State of the deceased from the state of the s	24 Feb 67., and death occurred a TOOLE ATTENDING MED PHYS. DIRE 22d. ADDRESS Kirk Army H	CX, to 27 Feb WM, from the causes and CTOR PHYS. COSpital, Aberd	on the date stated above 22b. DATE SIGN 27 Feb 67 een PG, Md.
whila Not Whila fact at work All Not While All Not Whi	24 Feb 67., and death occurred a TOOLE ATTENDING MED PHYS. DIRE 22d. ADDRESS Kirk Army H	CTOR PHYS.	on the date stated above 22b. DATE SIGN 27 Feb 67 een PG, Md.
while Not While fact at work Not While at work State Not While at work Not Whi	24 Feb 67. 30 death occurred autous Attending Med PHYS. DIRE 22d. Address Kirk Army H OR CREMATORY	CX, to 27 Feb WM, from the causes and CTOR PHYS. COSpital, Aberd	on the date stated above 22b. DATE SIGN 27 Feb 67 een PG, Md.
while Not While fact at work Not While st work State of the deceased from the state of the s	24 Feb 67, 20 death occurred autous D. ATTENDING MED PHYS. DIRE 22d. ADDRESS Kirk Army H OR CREMATORY	CTOR STAFF PHYS. COSPITAL, Aberdo 3d. LOCATION (City, town of Fort Meyer,	on the date stated above 22b. DATE SIGN 27 Feb 67 een PG, Md. (Stata)
	Middle James ARRIED NEVER MARRIED	maryland c. LENGTH OF STAY IN 1b 3 Days in hospital, give streat address) Aberdeen Production d. STREET ADDRESS 2824 Shandy Middla James LE VESQUE ARRIED NEVER MARRIED XX 8. DATE OF BIRTH DOWED DIVORCED DO December 65 Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County 8 Fairfax, Vir 14. MOTHER'S MAIDEN NAI LA CAMERA, Je 16. SOCIAL SECURITY NO. 17. INFORMANT N/A Per line for (a), (b), end (c).] eningitis, Bacterial CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BSE and Viremia	C. LENGTH OF STAY IN 1b 3 Days Aberdeen Proving Ground d. STREET ADDRESS 2824 Shandy Hall Road Middla Last James LE VESQUE DEATH DOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 10 December 65 1 yrs. Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Fairfax, Virginia 14. MOTHER'S MAIDEN NAME LA CAMERA, Jeanette 16. SOCIAL SECURITY NO. 17. INFORMANT A per lina for (a), (b), end (c).] eningitis, Bacterial

MARYLAND STATE DEPARTMENT OF HEALTH

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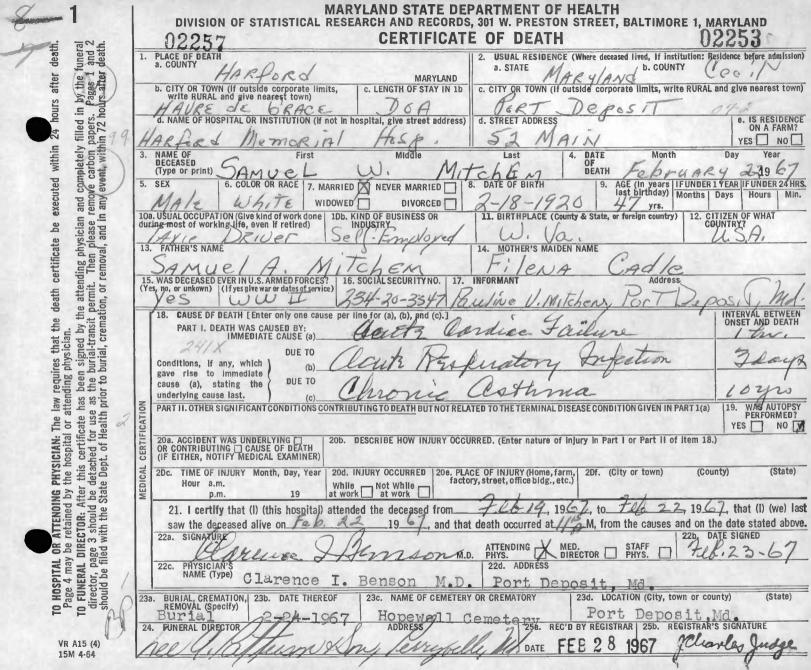
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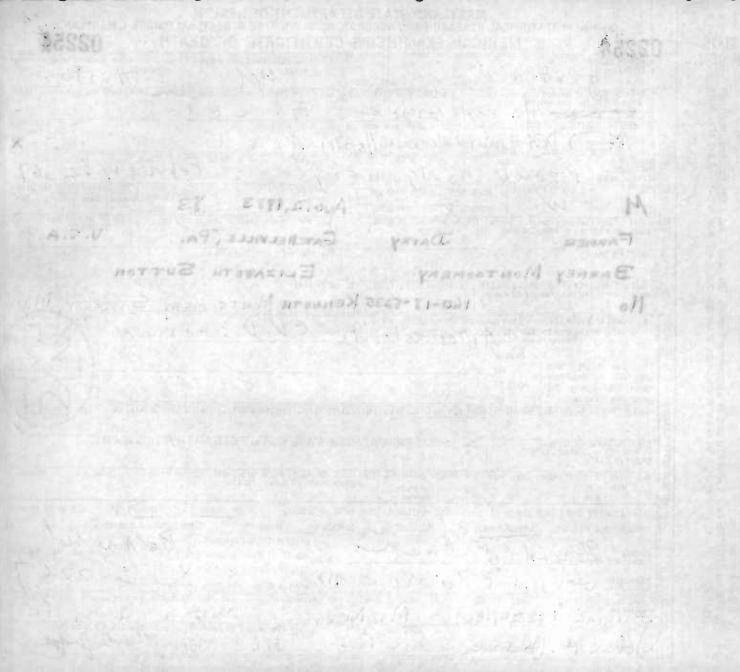
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE MEDICAL EXAMINER'S 02258 PLACE OF DEATH a. COUNTY CERTIFICATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY J MARYLAND Department after death. funeral b. CITY OR TOWN (if outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town тау 20 the 5 r d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE DN A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to nould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours NO X YES NAME OF Middle DATE Month Year DECEASED the DEATH ((Type or print) 2 with within 5. SEX (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR DATE OF BIRTH 9. AGE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 2 WIDOWED DIVORCED 1 and event BIRTHPLACE (Stata or foraign country) 10a. USUAL OCCUPATION (Glya kind of work dona | 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? A. during most of working lifa, even if retired) INDUSTRY -ARMER any pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME = SUTTON ARNEY -IZABETH ONTGOMERY File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unkown) | (If yes give war or dates of service) permit. removal, 60-18 ENNETH MONTGOMER INTERVAL BETWEEN CAUSE OF DEATH [Enter only ona causa per line for (a), (b), ONSET AND DEATH DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, If any, which (b) gave risa to immadiata DUE TO cause (a), stating ecute the certificate, writing the word ' 60 used as a to burial, underlying cause last (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION YES NO M 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) should ent, pri 3 shou MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) Hour a.m. Whlla Not While designated at work 19 at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: I Health or its design Homicide Undetermined manner death resulted from: Accident Suicide Natural causes CHIEF MEDICAL EXAMINER for your ACTUAL SIGNATURE 22. DATE SIGNED please execute ASSISTANT MEDICAL EXAMINER O DEPUTY MED M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** retained director. Address (Street, city, town, or county) NAME (Type) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME REMOVAL (Specify) of 0 URIAL REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. WINERAL DIRECTOR

VR AISME (5) 5M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH
	02259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02255
	1. PLACE OF DEATH e. COUNTY HAR FORD MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	WHITEFORD (RURAL) 264RS WHITEFORD (RURAL) 12-1
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WM. CRAIN FARM RD#1 o. IS RESIDENCE ON A FARM? YES NO
	(Type or print) CHARLES THEME MOORE DEATH FEB 18 1967
	5. SEX OCOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH OCT 15: 1895 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Min. Months Married Min. Months Min. Min. Months Min. Mont
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) LABORER 12. CITIZEN OF WHAT COUNTRY? 4.5. A
	GEORGE W. MOORE EMMA MARSHALL
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordelesofservice) 199-14-033913ENJAMIN F. MODRE, YORK, PA,
	18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) ONGESTINE HEART FAILURE UNDETERMINE
	DUE TO Conditions, if any, which geve rise to immediate cause
	(e), steting the underlying DUE TO cause lest. (c)
2	CA. PROSTATE - SCROTUM - PENIS (IN SPECTION) PERFORMED? YES NO NO. 1206. EXTERNAL CAUSE WAS 2006. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I of item 18.)
	Hour e.m. While Not While p.m. 19 at work et work
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	ACTUAL SIGNATURE Philip W. Heuman M.D. ASSISTANT MEDICAL EXAMINER 307 HICKORY 2/18/6.
2	EXAMINER'S PHILIP WITEUM AN, MID Address (Street, city, town, or county) BELAIR Md. 1226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
-	BURIAL FER. 21, 1967 SLATEVILLE DELTA, YORK CO. PA. ADDRESS 240. REC'D BY REGISTRAR 1 246. RECIDENTARY SIGNATURES
[John H. Harbins, DELTA, Pa. DATE FEB 21 1961
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02260 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth funerol s 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) WEEKS SAPEAKE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled i ONF YES NO 3. NAME OF Middle 4. DATE Day Last Manth Year emove corbon DECEASED OF DEATH 196 (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Haurs ond in ony WIDOWED DIVORCED P 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired) CQUNTRY? **INDUSTRY** 40ME HOUGE WIFE CHESAPEAKE CI physic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CHESAPEAKE (Yes na or unknown) (If yes give war or dates of service) NONE MARICA 1B. CAUSE OF DEATH (Enter only one couse per ting for (o), (b) and (c).) INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gave rise to immediate couse (a), **DUE TO** stoting the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER/SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO. 5 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat Whileat work of work 21. I certify that (I) (this hospital) ottended the deceased from 2 to 11605-200, 196, that (1) (we) last 2 and that death accurred at 5:10 M, from couses and an the date stated above saw the deceased alive on-22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) CHESAPEAREC 2 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE IN FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the h a. STATE b. COUNTY after after MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits. c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES executed within 3. NAME OF First Middle DATE Month Day Last DECEASED (Type or print) DEATH 19 5. SEX AGE (In years | IF UNDER 1 YEAR | Iast birthday) | Months | Days IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 2 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT RTHPLACE (County & State, or foreign country) during most of working life, even if retired) pe INDUSTRY certificate /www.b.s. FATHER SONAME MOTHER'S MAIDEN MAM remov certificate has been signed by the attending hed for use as the burial-transit permit. The t. of Health prior to burial, cremation, or remo Know 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) death m4 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the or attending physician. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY CATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO CERTIFI the hospital 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) r this certification detached for the Dept. of MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While be retained by at work at work 19 p.m. 21. I certify that (f) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on 196 and that death occurred at 12 22b. DATE SIGNED 22a. SIGNATUR ATTENDING PHYS. director, page should be filed Page 4 may b DIRECTOR PHYS. M.D. TO FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 23d LOCATION (City, town or county) 23a. (BURIAL, CREMATION, 23b. DAJE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission o. COUNTY PM3. Page o. STATE b COLINTY 0 of MARYLAND ond 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yrs. 40 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm OURS in Item 18. Give Poges 1, YES T NO 24 haurs after deoth. Office olong with th the Strain 12 3. NAME OF First Lost 4. DATE Month Dov DECEASED (Type or print) DEATH 5 SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY Virginia in ony e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's 13. FATHER'S NAME This certificate should be executed within 14. MOTHER'S MAIDEN NAME Wilson M. Plummer Valeria Peake 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give waz or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address removal 218-32-151 Mrs. Grace Plummer, Forest Hill, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH 10 writing the word burial, cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? please execute the certificate. 0 NO 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should ogent, prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) the funeral director. Poge ot work designoted 21. I certify that I taak charge of the remains described above, held an Autapsy 5 Inspection 7 Inquiry (and in my apinian death resulted fram: Suicide Hamicide Natural causes. Accident . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy b O FUNE Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Fawn Grove Meth. Cent Fawn Grove. York Co., Pa. VR A15ME (5) Minley Judge Stewartstown, Pa. DATFEB 16

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02263 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 0 P.M.3. Poge of death. MARYLAND delay and 3 partment b. CITY OR TOWN (If r LENGTH OF STAY IN 1h c. CITY OR TOWN (If ide carporote limits, write RURAL and give eorest tawn) after INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Del Office alang with form hours Give Poges 1, State NO X YES 24 hours ofter death. 3. NAME OF DATE Month Day Year DECEASED OF within Type or print 19 DEATH with AGE (In years IF UNDER IF UNDER 24 HRS S. SEX 6. (010 OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Item 18. Days Hours WIDOWED DIVORCED event 2 pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working lite, even if retired)
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MARYLAND STATE DEPARTMENT OF HEALTH

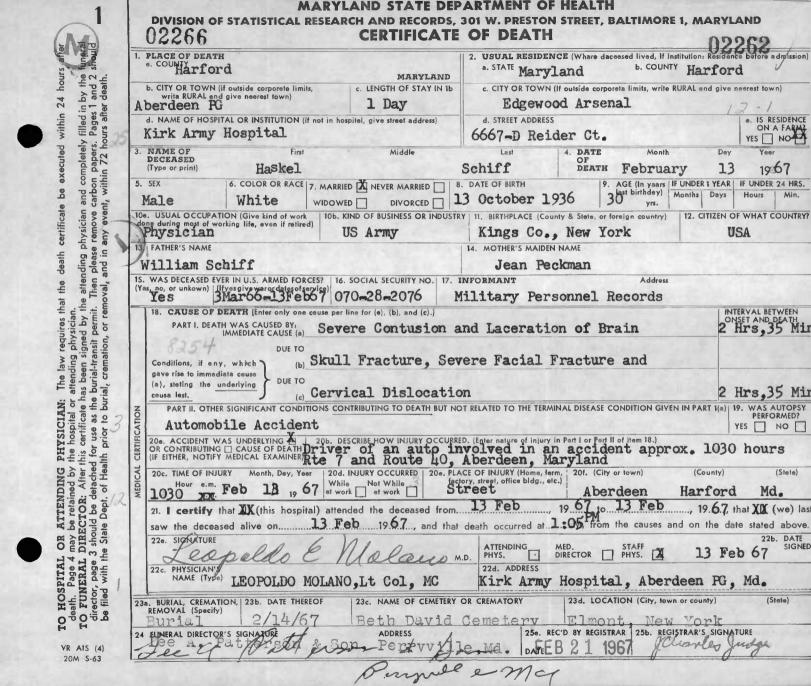
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLANO Department after death. funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) may D 18 the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 to 1 State hours NO X YES NAME OF First Middle Last 4. DATE Month Day Year DECEASED DEATH 19 (Type or print) 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. NEVER MARRIED birthdey) lest Months Davs Hours WIDOWED DIVORCED event and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign_country), prof N 13. FATHER'S NAME MOTHER'S MAIDEN NAME = File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or amkown) (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil linuld be forwarded to the Chief Medical Examiner's CAUSE OF OEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the 60 ed as a burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION used to but PERFORMEO? YES [NO X 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. or be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) pinous P 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 4 should be 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection | Inquiry FUNERAL DIRECTOR: Undetermined manner Natural causes Suicide Homicide death resulted from: Accident the CHIEF MEDICAL EXAMINER for your ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** retained director. Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State 23b. DATE THEREOF 23 c. REMOVAL (Speoffy) 9 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADORESS 25a. REC'O BY REGISTRAR 25b. VR ALSME (5)

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	L OR ATTENDING by be retained OIRECTOR: Al age 3 should filed with the Siled with	saw the deceased alive on	ove.
		22a. SIGNATURE 7. Hudson M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2-15-67	
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	SPIT SPIT NER Stor,	NAME (Type) Willard P. Hudson, M.D. Forest Hill, Md.	
	TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	2)
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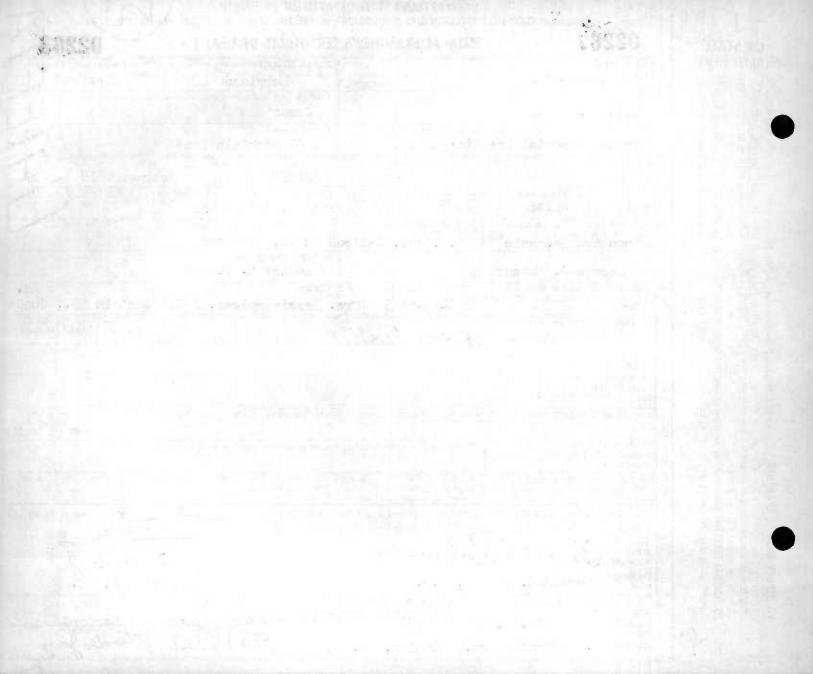
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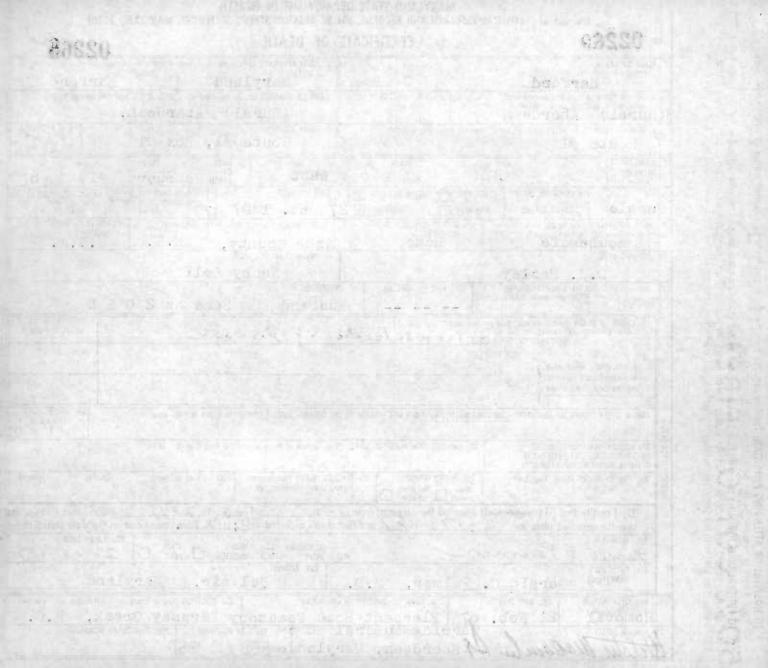
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rmit. File aval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 216-16-8193 No 17. INFORMANT Address Mrs. Bessie Spicer, 1501 Mountain	Md. Rd., Joppa
To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health ar its designated agent, priar to burial, crematian, ar removal,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: HOW IMMEDIATE CAUSE (o) Out TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO Conditions, if ony, which gove (b) Out To Conditions (c) Out To Out T	INTERVAL BETWEEN ONSET AND DEATH
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oy be retained for your NERAL DIRECTOR: Page Ith ar its designated age	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Bel Air,	
Heal	230. BURIAL (REMATION, REMOVAL (Specify) Burial Feb. 17 1967 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (Or Mountain Christian Cemetery Joppa Har	County) (Stote)
ME (5)	24. FUNERAL OIRECTOR Howard K. McComas & Son, Abingdon, Md. 21009 OATE	NATURE



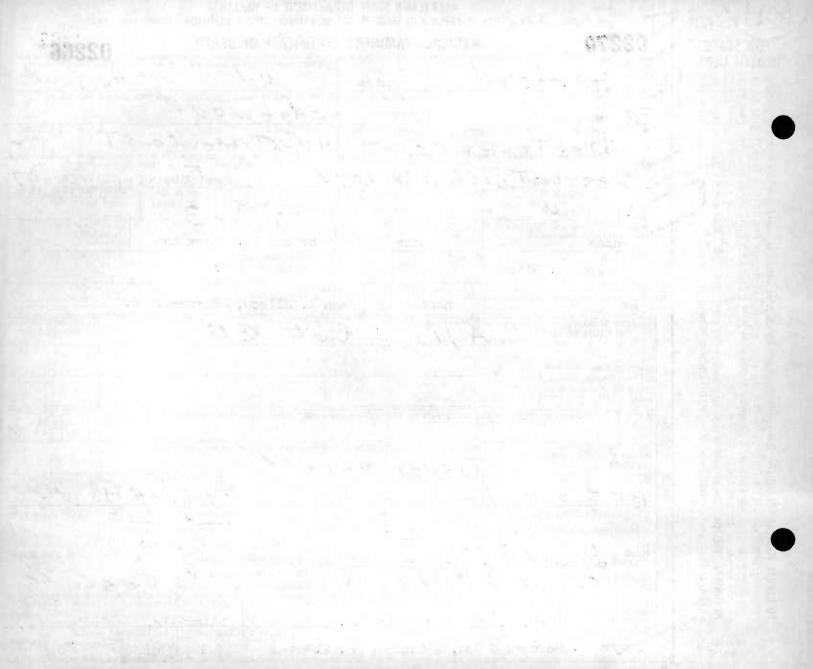
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE Poge b. COUNTY 3 to of 2 death. MARYLAND Department c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) ofter Me INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with form hours in Item 18. Give Poges 1, NO FF NAME OF Firs 1 Lost 4. DATE Month Doy Year DECEASED OF DEATH 9 within (Type or print 19 6 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF JUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 2-7-1902 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retired Marvland 4 shauld be forworded to the Chief Medical Examiner's USA 13. FATHER'S NAME pencil This certificate should be executed within 14. MOTHER'S MAIDEN NAME DO .E and Wardell Grant Margaret Preston WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. or removol, (Yes, no, or unknown) (If yes give wor or dotes of service) munon Audrev Riale. Colora. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit Occlus, ONSET AND DEATH IMMEDIATE CAUSE (o) s o burial-tra cremation, c writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO K pe 2 20o. EXTERNAL CAUSE WAS agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) 3 should PRIMARY Or CONTRIBUTING O AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work ot work designated 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection A Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes Suicide Accident Hamicide Undetermined manner Be/Ai CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 6-27-2101 Heolth Address (Street, city, town, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Asbury Cemetety 2-10-106 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

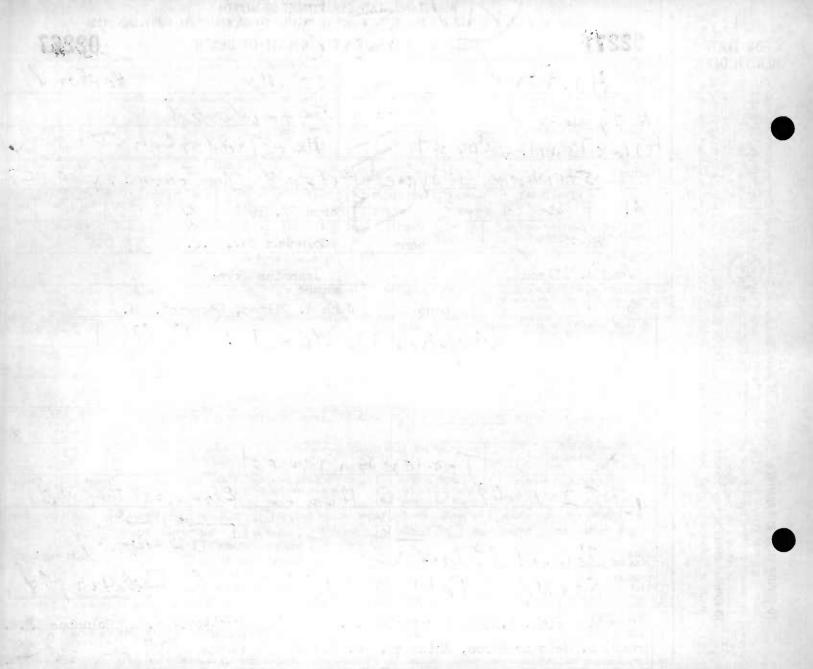


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02270 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. COLINTY b. COUNTY 0 death. Department c. LENGTH OF STAY IN 1b outside corparate limits, were RURAL and give nearest town and write BURAL and give nearest tow after vears INSTITUTION (If not in hospital, give street address farm haurs ON A FARM Give Pages ate after death. 3. NAME OF Middle 72 Lost DATE 5 Month Doy Year 0 7 within 67-471-1 with S. SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR last birthdoy) Months Dovs Hours June 22, 1963 24 haurs WIDOWED DIVORCED event tem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT USATRY? during most of working life, even if retired) INDUSTRY Harford Co., Maryland none none an Examiner within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Jeannine Wayne John A. Wilson File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT be executed Address pending" ir ef Medical permit. ar remaval, John A. Wilson, Edgewood, Md. none IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o' certificate should writing the ward crematian, DUE TO Conditions, if ony, which gove farwarded ta rise to immediate couse (a). DUE TO stoting the underlying couse O SD burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO pe 20o. EXTERNAL CAUSE WAS PRIMARY W or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should agent, priar JACAL EXAMINER: MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page While Not While 10 196 ot work the funeral director. Page ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy ā Inquiry Inspection ond in my apinion death resulted from: Natural couses Accident be retained Suicide Hamicide Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 O DEPUTY necessary, 0 DEPUTY MEDICAL EXAMINER may Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 1967 McKenzie F Whiteville. Columbus 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15ME (5) harles Howard K. McComas & Son, Abingdon, Md. 21009 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY 3 to PM3. Page 0.0 death. delay i CLENGTH OF STAY IN 16 autside corparate limits, watte RURAL and give nearest town) outside carporate limite and write RURAL and give nearest tawn) ofter vears IS RESIDENC INSTITUTION (If not in hospital, give street address) Office olong with form hours n Item 18. Give Poges 1, ON A FARM ote 24 hours after deoth. NAME OF Middle Doy Year 72 DECEASED OF DEATH the within with S. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 1 DATE OF BIRTH AGE (In years last pirthday) Months Hours March 27, 1962 WIDOWED DIVORCED event lond 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Columbus Co., N.C. dnv none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = John A. Wilson Jeannine Wayne File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. or removal. (Yes, no, or unknown) (If yes give wor or dotes of service) No John A. Wilson, Edgewood, Md. none 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) certificote should writing the word cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO 0 stoting the underlying couse g lost. burial WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate. NO 9 20o. EXTERNAL CAUSE WAS PRIMARY Properties of Contributing ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) ogent, prior should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (City or town) (County) (Stote) VOUL Not While FUNERAL DIRECTOR: Page of work pleose execute designated Inquiry . for certify that I took charge of the remains described above, held an Autapsy [ond in my apinian Inspection funerol director. death resulted from Accident 🖊 Suicide Hamicide Undetermined monner moy be retained ASSISTANT MEDICAL EXAMINER O DEPUTY Health or i DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Feb.11.1967 Whiteville Remova McKenzie F.H Columbus N.C 24. FUNERAL DIRECTOR 2So. REC'D 196 VR A15ME (5) Howard K. McComas & Son. Abingdon, Md. 21009 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 02272 requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remaye carban papers. Pages I and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b COUNTY Harford Harford Maryland remave carban papers. Pages I n any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Darlington Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Route #1. Box 115 Citizens Nursing Home YES NO XX 3. NAME OF Middle 4. DATE Year First Lost Month Dov DECEASED Wilson Virginia Jones 1967 February (Type or print) DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs 15 Nov. 1879 Female Cauc. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY Harford County. Md. Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar remavel Cornelia Touchstone Hugh A. Jones 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, go, or unknown) (If yes give wor or dotes of service) Cornelia W. Kirk. Darlington. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: from the Dreummia Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been be detached far use as the State Dept. af Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram May 12, 1960, to Tel 25, 1967 that (1) (we) last saw the deceased alive an 1025 1967, and that death accurred at 8; pan fram causes and an the date stated above. directar, page 3 shauld shauld be filed with the saw the deceased alive an Jol 220. SIGNATURE ATTENDING M.D. DIRECTOR 22d. ADDRESS NAME (Type) illips. Darlington. Dudlev Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Darlington, Har. Darlington Cemetery Md. Feb Tarriangess Funeral Homes REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles DATE MAR Aberdeen, Md.

